## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT MAY 24 2018 STATE OF TEXAS  1. LEGAL NAME OF DECEAS	S		ICATE OF	DEATH	STA	(Maiden)		COLUMN TO SERVE	ACTUAL OR RESC
1. LEGAL NAME OF DECEAS	SED (Include ARA's, If any	y) (FRBL MIGGIE	r, Cask)			(Maroen)		id-yyyy)	ACTUAL OR PRES
GLENDA ANN PERKI	NS		1 1 7		BROWN		7	MA	Y 18, 2018
3. SEX 4. D	ATE OF BIRTH (mm-dd	5-yyyy) 5. A( (Yea	GE-Last Birthday	IF UNDE	Davs F	Hours Min	6. BIRT	THPLACE (CI	y & State or Foreign Co
FEMALE	NOVEMBER 11, 19	953	64					VESTON,	
			US AT TIME OF DE		2	SURVIVING SPOU	SE'S NAME (II	wife, give na	me prior to first marriage
		Widowed	Divorced N	ever Married U	nknown	TEPHEN DOU	SI AS PER	KINS	
						TEI TIEN DOO	ULNO I LI	IIVIIVO	
					1000		10o ii	NSIDE CITY I	IMITS?
								Yes	□ No
								7 169	
				E OF DEATH (CHEC					
IF DEATH OCCURRED IN A				WHERE OTHER TH					
Inpatient ER/Out  14. COUNTY OF DEATH	_	10		rsing Home Di		0.00	SANIA	FE HIGH SC	
14. COUNTY OF DEATH	15. 0111	TOWN, ZIP	(IF OUTSIDE GITT	LIMITS, GIVE PRE	GINCT NO)	B. PAULIT NAME	(ii not insocure	un, give sireet	aucressy
GALVESTON	SANT	TA FE, 7751	17		- 1	16000 HWY 6			
17. INFORMANT'S NAME & F						INIZZI PIWY I			
STEPHEN DOUGLAS		AND	£						
19. METHOD OF DISPOSITIO		Describer	20. SIGNATUR ACTING AS SU	E AND LICENSE NU JCH	MBER OF FU	NERAL DIRECTOR	OR PERSON	21.	Unkn
	_	Donation					-	Section	223
Entombment	Removal from star	ne .	MARIGRA	CE GONZALES	BY ELEC	TRONIC SIGN	ATURE -		*
Other (Specify)	3 3/		117113	1	2 (	ž 1. l		Block	
22. PLACE OF DISPOSITION	(Name of cemetery, crem	matory, other pi	ace)	23. LOCATION (CI	y/Town, and S	fate)	1.50	Lot	46
FOREST PARK EAST	CEMETERY			WEBSTER, T	×			Space	7
24, NAME OF FUNERAL FAC			halle december			UNERAL FACILITY	Street and Nu	imber, City, S	tate, Zip Code)
		+ 3	1	A					
FOREST PARK EAST 26. CERTIFIER (Check only o				121620 GULF F	REEWAY	WEBSTER, TX	77598		
Lo. OETHINEH (CHECK DITY O			50						
Certifying physician-Te the be	74.4	coursed due to the	e cause(s) and mann		7	. \		1	, in .
	st of my knowledge, death or			er stated.	7			nd manner stale	ed.
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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED MAY 24 2018

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS STATE REGISTRAR

JLF

CERTIFICATION OF VITAL RECORD

## GALVESTON COUNTY HEALTH DISTRICT BUREAU OF VITAL STATISTICS

EESSAN E	NS E OF BIRTH (mm-dd-yyyy)   6		BRO	IF UND	ER 1 DAY 6	BIRTHE	MAY	18, 2018 State or Foreign Coun
FEMALE NO	VEMBER 11, 1953	57ATUS AT TIME (	Mo Days OF DEATH S Married	10.00			STON, T	X ne prior to first marriage
	☐ Widowed	Divorced	Never Married Unknown	STER	PHEN DOUGL	AS PE	RKINS	11
							Yes C	IMITS?
			ACE OF DEATH (CHECK ONLY					
F DEATH OCCURRED IN A HO Inpalient ER/Outpate 14 COUNTY OF DEATH	100 100 100 100 100 100 100 100 100 100		Nursing Home Dec		me S Other (5	ipecify) (	SANTA FE HI	GH SCHOOL
GALVESTON	SANTA FE.		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16000 H		onor gr	. 19	
7 INFORMANT'S NAME & REL	A. Carrier	37 52 32						
19 METHOD OF DISPOSITIO			URE AND LICENSE NUMBER OF	FUNERA	DRECTOR OR PE	RSON	21.	☐ Unknown
☐ Entombment ☐ Ren	noval from state		RACE GONZALES , BY E	LECTR	RONIC SIGNAT	URE	Section 223 Block	
	same of cometery, crematory, of	her place)	23 LOCATION (City/Town	and State	)		Space 7	
FOREST PARK EAST			25 COMPLETE ADDRESS	OF FUNER	AL FACILITY (Street	and Nur		ste, Zip Code)
FOREST PARK EAST 26. CERTIFIER (Check only one	}	1970 A. T. S.	21620 GULF FREEV	NAY. W	EBSTER, TX	7598		
	of my knowledge, death occurred of Peace. On the basis of examination		in my opinion death occurred at the	a time date	and place and due to	he cause	s) and manner 30 TIME OF	stated DEATH(Actual or presi
	ELECTRONIC SIGNA		MAY 22, 2018	3	Q5757			07:45 AM
	OF CERTIFIER (Street and Nu							OF CERTIFIER
TERMINAL EVENTS SUCH	AS CARDIAC ARREST, RESP	S. INJURIES, OR C	OMPLICATIONS - THAT DIRECT			NOT E	NTER	Approximate interval Onset to death
ETIOLOGY DO NOT ABBE	REVIATE ENTER ONLY ONE C	AUSE ON EACH						
disease or condition>			S a consequence of):					
Sequentially list conditions if any leading to the cause	b	Doe to (or as	a consequence of)	100		-		
Sisted on time a Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting				San San				
in death) LAST	A Company of the Comp	Due to (or es	a consequence of		VIII.			/
ART 2 ENTER OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RESULTING IN THE	UNDERLY	YING 34 V		AUTOPSY PE	
	100							NO DINGS AVAILABLE TO DE DEATH?
6 MANNER OF DEATH	37 DID TOBACCO USE CO	P-0420 11/2 5969		100	( ) 1/h	39. if	TRANSPOR	TATION INJURY
Accident Suicide	O Yes		Not pregnant within past year. Pregnant at time of death: Not pregnant, but pregnant within		To de Vi		Driver/Operat Passenger	or .
Pending Investigation	Probably Unknown	0	Not pregnant, but pregnant within Not pregnant, but pregnant 43 da Unknown if pregnant within the pa	ys to one y		_	Pedestrian Other (Specifi	*)
Oa DATE OF INJURY(mm-da-)	YYYY) 406 TIME OF INJURY	OW TA YHULM 304	HK? 400 PLACE OF INJURY (	31/2013 7	ent's home, construct	ion site, r	restaurant, wo	oded area)
MAY 18, 2018 toe LOCATION (Street and Nur	mber City State Zip Gode)	O Yes	SANTA FE HIGH S	CHOOL		of COUR	NTY OF INJUI	RY /
HWY 6, SANTA FE, TX		17 18 / 180		X I	10	GALVE	STON	+
SANTA FE SHOOTING	3 1426 DATE RECEIVED B			126	2 60 7 6			
		THE CHAIN	POLICE		R - GALVEST		DUNTY H	EALTH DISTRIC
42a REGISTRAR FILE NO 02-0988	MAY 24, 2018		THE STREET OF STREET,					
42a REGISTRAR FILE NO 02-0988 DR NUMBER 000002315120	. VI	DICAL CE	RTIFICATION	OF	CERTIE	CA	TE OF	DEATH
42a REGISTRAR FILE NO 02-0988 DR NUMBER 000002315120 AMENDN	. VI	DICAL CE	ERTIFICATION	OF				DEATH
AMENDN TATE OF TEXAS ENTER NAME O	F DECEASED AND F	PLACE OF DI	ERTIFICATION		STATE FIL	LE NU	MBER	CERTIFICATE
AMENDN TATE OF TEXAS ENTER NAME OF DECEASED	F DECEASED AND F	PLACE OF DI			STATE FIL	LE NU	L DEATH	CERTIFICATE
AMENDA  TATE OF TEXAS  ENTER NAME OF DECEASED  SLENDA ANN PERKIN	F DECEASED AND F	PLACE OF DI			STATE FILE	GINA STE OF L	L DEATH DEATH (mm	1 CERTIFICATE  ON 1999)  18, 2018 H BEING CORRECTED
AMENDA  TATE OF TEXAS  ENTER NAME OF  LEGAL NAME OF DECEASED  SLENDA ANN PERKIN LACE OF DEATH (CITY OR TO	F DECEASED AND F (Include AKA's, if sery) (First, M. IS (WAN AND COUNTY) (FE, GALVESTON)	PLACE OF DI			STATE FILE	GINA	L DEATH DEATH (mm	1 CERTIFICATE  ON 1999)  18, 2018 H BEING CORRECTED
AMENDN TATE OF TEXAS ENTER NAME O LEGAL NAME OF DECEASED GLENDA ANN PERKIN LACE OF DEATH (CITY OR TO 6000 HWY 6, SANTA 6. CERTIFIER (Check only one) 1. Certifying physician: To the best of Medical Examinary Justice of the	F DECEASED AND F (Include AKA's, if any) (First Mi	PLACE OF DI	marvier stated on my opinion, death occurred at the	HOWN	STATE FILL ON THE ORI	GINA ATE OF I	MBER L DEATH DEATH (mm) MAY TE OF DEATH	1 CERTIFICATE  OUT-YYYY)  18, 2018 H BEING CORRECTED
AZA REGISTRAR FILE NO 02-0988 DR NUMBER 000002315120 AMENDN STATE OF TEXAS ENTER NAME OF LEGAL NAME OF DECEASED GLENDA ANN PERKIN LACE OF DEATH (CITY OR TO 6000 HWY 6, SANTA 6. CERTIFIER (Check only one) 1. Certifying physician: To the best 1. SIGNATURE OF CERTIFIER	F DECEASED AND F (Include AKA's, if any) (First, Manager AKA's	PLACE OF DI odio, Last)	marry at stated at the region occurred at the 28 DATE CERTIFIED (min-do	HOWN	STATE FILE ON THE ORI  ON THE ORI  IS  NO place, and due to the 29 LICENSE NUMB	GINA THE DA	MBER L DEATH DEATH (mm MAY TE OF DEATH	1 CERTIFICATE  -dd-yyyy)  18, 2018  H BEING CORHECTED  tated DEATH(Acqual or presum
AMENDN  TATE OF TEXAS  ENTER NAME OF  LEGAL NAME OF DECEASED  LACE OF DEATH (CITY OR TO  GOOD HWY 6, SANTA  CERTIFIER (Creeck only onle)  Certifying physician: To the best of  Medical Examinari Justice of the 1  SIGNATURE OF CERTIFIER  ERIN BARNHART, BY	F DECEASED AND F (Include AKA's, if any) (First Mi	PLACE OF DI Odne, Lest)  Je to the cause(a) and n, and/or investigation	marvaer stated occurred at the 28 DATE CERTIFIED (mini-occurred MAY 31, 2018	HOWN	STATE FILE ON THE ORI	GINA THE DA	MAY TE OF DEATH S No	I CERTIFICATE  OIJ - yyyy)  18, 2018 H BEING CORHECTED
AMENDN  TATE OF TEXAS  ENTER NAME OF  LEGAL NAME OF DECEASED  SLENDA ANN PERKIN  LACE OF DEATH (CITY OR TO  B. CERTHERR (Check only only)  GOOD HWY 6, SANTA  B. CERTHERR (Check only only)  Certifying physician To the best of  SIGNATURE OF CERTIFIER  RIN BARNHART, BY  1. PRINTED NAME, ADDRESS  RIN BARNHART 660	F DECEASED AND FOR (Include AKA'S, If any) (First, Months and County)  FE, GALVESTON  Of my knowledge, death occurred dependent of the basis of examination  ELECTRONIC SIGNA  OF CERTIFIER (Street and Num  7 FM 1764, TEXAS CIT	PLACE OF DI ddie, Last)  As to the cause(s) and n, and/or investigation  TURE  TURE  TO TX 77591	marvaer stated occurred at the 28 DATE CERTIFIED (mini-occurred MAY 31, 2018	HOWN	STATE FILE ON THE ORI  ON THE	THE DA	MAY TE OF DEATH OF THE OF DEATH OF THE OF DEATH OF THE OF DEATH	1 CERTIFICATE  OUTTYNY)  18, 2018  H BEING CORRECTED  MEATH(Acquait or pressure)  07, 45 AM
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This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

JUN 27 2018

Alma Cazares Garcia Local Registrar

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